

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44032

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **10532**

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo | | c. CITY OR TOWN St Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2500 University | | d. STREET ADDRESS 2500 University St | |
| 3. NAME OF DECEASED (Type or print) Margaret Sparber Wallow | | 4. DATE OF DEATH Month 11 Day 16 Year 26 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 13-03 |
| 9. AGE (In years last birthday) 53 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Embroider | | 10b. KIND OF BUSINESS OR INDUSTRY Mid West Also | 11. BIRTHPLACE (City and state or country) Richwood Mo |
| 12. CITIZEN OF WHAT COUNTRY? | | 13. FATHER'S NAME Sidney Jackson | |
| 14. MOTHER'S MAIDEN NAME Mamie Nolan | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) if if | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Anthony Sparber 2500 Univirsety | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH Suddenly 1 year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MA | |
| 20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m. none | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 8/8/55 to 11/14/56 and last saw her ^{her} alive on 11/14/56 Death occurred at 11/16/56 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Breton C. Hall M.D. | | 22b. ADDRESS 3902 Lafayette | |
| 22c. DATE SIGNED 11/17/56 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 11-19-56 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Centery | |
| 23d. LOCATION (City, town, or county) St Louis COUNTY | | (State) | |
| 24. FUNERAL DIRECTOR ADDRESS Central Funeral 1841 Cass | | 25. DATE RECD. BY LOCAL REG. NOV 19 1956 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith M.D. mjs | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embolmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. W. Riste

Licensed Embalmer No. *3*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.